



## DEPARTMENT OF FINANCE &amp; ADMINISTRATION

## Office of Personnel Management

## Employee Request for Leave

## EMPLOYEE'S REQUEST

Employee Name (Last, First, Middle)			BEGIN Leave: (Hour) (MM/DD/YY)
Personnel Number	Business Area	Personnel Area	END Leave: (Hour) (MM/DD/YY)

## LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

☐ Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide necessary documentation.)

Hour/Minutes	Hour/Minutes
<input type="checkbox"/> <b>ANNL</b> – Annual _____	<input type="checkbox"/> <b>SICK</b> – Sick _____
<input type="checkbox"/> <b>CACG</b> – Air/Coast Rescue _____	<input type="checkbox"/> <b>MILH</b> – Military Leave Holiday _____
<input type="checkbox"/> <b>CATL</b> – Catastrophic Leave _____	<input type="checkbox"/> <b>MILL</b> – Military Leave LWOP _____
<input type="checkbox"/> <b>CNJL</b> – Court/Jury _____	<input type="checkbox"/> <b>MILV</b> – Military Leave Quota _____
<input type="checkbox"/> <b>CP10</b> – Comp (10) Quota 15 _____	<input type="checkbox"/> <b>PROL</b> – Governor/Proclamation _____
<input type="checkbox"/> <b>CP15</b> – Comp (15) Quota 16 _____	<input type="checkbox"/> <b>WKCA</b> – Workers Comp Annual _____
<input type="checkbox"/> <b>DSTR</b> – Disaster _____	<input type="checkbox"/> <b>WKCH</b> – Workers Comp Holiday _____
<input type="checkbox"/> <b>EMBD</b> – Employee Birthday _____	<input type="checkbox"/> <b>WKCL</b> – Workers Comp LWOP _____
<input type="checkbox"/> <b>FMLA</b> – Family Medical Annual _____	<input type="checkbox"/> <b>WKCS</b> – Workers Comp Sick _____
<input type="checkbox"/> <b>FMLH</b> – Family Medical Holiday _____	<input type="checkbox"/> <b>WKCT</b> – Workers Comp CAT _____
<input type="checkbox"/> <b>FMLL</b> – Family Medical LWOP _____	<input type="checkbox"/> <b>WC10</b> – Workers Comp Comp (1.0) _____
<input type="checkbox"/> <b>FMLS</b> – Family Medical Sick _____	<input type="checkbox"/> <b>WC15</b> – Workers Comp Comp (1.5) _____
<input type="checkbox"/> <b>FMLT</b> – Family Medical CAT _____	<input type="checkbox"/> <b>Other</b> – (specify) _____
<input type="checkbox"/> <b>HLDY</b> – Holiday (specify) _____	<input type="checkbox"/> _____
<input type="checkbox"/> <b>INCL</b> – Inclement Weather _____	<input type="checkbox"/> <b>AGENCY DESIGNATED LEAVE</b>
<input type="checkbox"/> <b>LWOP</b> – Leave Without Pay _____	<input type="checkbox"/> <b>DISP</b> – Disciplinary Unpaid _____
<input type="checkbox"/> <b>MC10</b> – Military Leave Comp (1.0) _____	<input type="checkbox"/> <b>EDUN</b> – Education Unpaid _____
<input type="checkbox"/> <b>MC15</b> – Military Leave Comp (1.5) _____	<input type="checkbox"/> <b>EDUP</b> – Education Paid _____
<input type="checkbox"/> <b>MILA</b> – Military Leave Annual _____	

Employee Signature	Date MM/DD/YY
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## AUTHORIZATION:

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date MM/DD/YY
	Approving Authority	Date MM/DD/YY
	Timekeeper's Signature	Date MM/DD/YY